Approved for use through 773 V2006, CNR 0651-0032 Approved for use through 773 V2006, CNR 0651-0032

			•	te for Form PT				10	5367	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR MARKER FALE		RFLED	LED NUMBER EXTRA		RATE	FEE		RATE	FEE
	IC FEE CFR 1.18(u))						•	OR		,304
TOTAL CLAIMS (D7 CFR 1.16(4))		20	20 minus 20 -		8	X 8		OR	X & •	
	EPENDENT CLAB CFR 1.15(b))	<sup>5</sup> 2	minus 3 -		8	x *		OR	X5	
MEJE	TIPLE DEPENDE	NT CLAIM PRESEN	17 (1	7 CFR 1.15(d)		••	.	OR	+1 .	
• • •								on on	TOTAL	900
4 4	If the difference in column 1 is less than zero, enter 'O' is column 2.					TOTAL	L		1012	
	a	LAIMS AS AM	ENDED	- PART (I					-	
<u>5 -</u>	-27-05 (Column 1)		(Column 2) (Column 3)		(Column 3)	SMA	T ENLILA	OR		R THAN ENTITY
NT A		CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total GP CFR LINES	20	Minus	20	· &	X 8.	. 7	OR	x 5=	1
	Independent GTOR LINE	٠ م	Minus	<b></b> 3	· 🔅	×		OR	x s	
	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAM (37 CFR 1.16(4))					••		o <sub>R</sub>		
	1)					TOTAL	1		TOTAL	<del>                                     </del>
	ulslot	(Column 1)		(Column 2)	(Column 3)	ADO'L FE	• <u> </u>	OR	ADO'L FEE	<u> </u>
AMENDMENT B	114-1142	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Contracts	. 19	Minus	"10	•	x 8	•	OR	X 5	
Ē	frdependent (L7 CFR L.MOS)	・ン	Minus	ہ		x 8	•	OR	× 8=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					+1		OR	+1	
	2/	12	$\lambda r$	1		TOTAL ADDL FE	e	T or	TOTAL ADO'L FEE	
1	0	COMMENT 13	()	(Cotume 2)	(Cotumn 3)			_		
O	. +	CLAIMS		HIGHEST	PRESENT	RATE	ADDI-		RATE	ADDI-
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	1	TIONAL	1/	7	TIONAL
AMENDMENT	Total (a) CFR 1.16(12)	.79	Minus	- 41)		201	• 0	OR	5	
	Endependent (37 CFR 1.160()	. 3	Minus	-3		901	11/	OR	70	
.¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF CFR 1.15(4))					+8	./	]		
					×	ADOL P	é	OR-	ADOL FEE	

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with vary depending upon the inclinidual case. Any comments on the amount of line you require to complete this form and/or suggestions for rotuding this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradomark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.